# FACTORS ASSOCIATED WITH DELAYED BOOKING TO ANTENATAL CARE SERVICES (ANC) FOR PREGNANT WOMEN IN WEST DISTRICT OF ZANZIBAR TANZANIA

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## CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by the Open University of Tanzania a thesis entitled: "**Factors associated with delayed booking to antenatal care services (ANC) for pregnant women in West District of Zanzibar Tanzania".** In partial fulfilment of the requirements for the award of degree of Master of Arts in Monitoring and Evaluation of The Open University of Tanzania.

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**Dr. Harrieth Mtae**

**(Supervisor)**

……..

Date

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## DECLARATION

I, **Rahma Salmin Awadh,** declare that, the work presented in this dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfillment of the requirement for the Degree of Master of Arts in Monitoring and Evaluation of The Open University of Tanzania.

……..

Signature

……..

Date

## DEDICATION

This work is dedicated to my beloved family: Muhsin (spouse), Abdillah, Fahmi and Ismail (sons) who sorely missed my companionship during the whole period of my studies.

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## ABSTRACT

This study aimed at assessing the factors associated with delayed booking to antenatal care services for pregnant women in West District of Zanzibar. It attempted to answer; what are the institutional factors influencing delayed antenatal booking; which social economic factors are associated with delayed booking of ANC; and which social cultural factors are associated with the delayed ANC booking. The research also studied correspondents' characteristics so as to find out their insight capabilities on the subject under studied. On back ground information, the studies revealed that majority of respondents have good knowledge of the best time to start ANC services. The research also found that most of respondents have positive attitudes towards ANC services and are satisfied with the quality of services provided by health providers. On factors that causes pregnant women to book late to ANC services, the majority of respondents mentioned attitudes of health providers, HIV testing, unplanned pregnancy, and none privacy were among the causes of delayed booking. Social cultural and economic status revealed to have influence in ANC booking. Things such as increase of household expenditure, dependence on husbands, and limited family resources were among factors influencing ANC booking. On the matter of institutional factors, the research realized that the government policy to have health facilities in every five kilometers was accomplished and the respondents reported that they normally paid nothing when they sought health facilities including ANC services. On the other hand, the findings from documentary review revealed that there was special legal framework for nurses and midwives as an instrument guided them from their responsibilities.

***Keywords:*** *Delayed booking, antenatal care services, pregnant women, Zanzibar*

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| | |
|---|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Antenatal Clinic |
| CHV | Community Health Volunteers |
| DMO | District Medical Officer |
| FANC | Focus Antenatal Care |
| HBM | Health Believes Model |
| HIV | Human Immune Virus |
| ICPD | Internal Conference Population Development |
| PHC | Primary Health Community |
| SPSS | Statistical Package for Social Sciences |
| UNFPA | United National Population Fund |
| UNICEF | United National Children Fund |
| WHO | World Health Organization |
| ZAHIR | Zanzibar Health Institution of Research |

# CHAPTER ONE

# INTRODUCTION

## 1.1 Overview

This research intended to examine the factors associated with delayed booking to ANC services in West District of Zanzibar. The chapter starts by looking into the historical background whereby the knowledge of ANC in the world context is explained. It as well explains how the study is significant to the public but most notably to the government and other stake holders. But before that the researcher states how the problem is all about and the need of the study to fill the gap of knowledge. Every research contains an object; therefore, the chapter states the main and specific objectives of the research, research questions, limitations and organization of the proposal have explained.

## 1.2 Background of the Study

Antenatal clinic (ANC) is a clinic that a woman attends during pregnancy through a series of consultations with trained health care workers such as midwives, nurses or doctor who have specialized in pregnancy and birth (Fagbamigbe & Idemudia, 2015). The purpose of this specialized form of clinic is to assure that every pregnancy ends in the birth of a healthy baby with no impairment in the mother's health (Nisar, & White, 2003). An antenatal care service was first introduced to detect early signs of risk factors for diseases followed by timely intervention (WHO, 2014). Early in 19th century women who needed hospitalization were taken care of by general physicians who were not trained as ANC attendants.

Later in 1901 a Greek physician highlighted the need for prematernity as a key concept for antenatal care. He said that physiology of pregnancy was important to be studied to understand the pregnancy complications.

The ANC attendance is usually grouped into booking and follow-up visits. The booking visit offers the midwife/clinician the opportunity to assess the health status of the expectant mother and unborn baby. Early detection of disorders that predate the pregnancy or could be aggravated by the pregnancy is crucial to preventive, therapeutic, and counseling services (Hoque et al., 2008). Fetal assessment, gestational age estimation, blood screening for human immune virus (HIV) infections, blood screening for hemoglobin level, blood sugar level, rapid syphilis test, blood type and rhesus status, urine test for protein, blood pressure examination, maternal weight and height are usually carried out in the booking visit.

This also allows expectant mothers to assess the services available in the health care facility and help her decide whether or not to utilize those services (Villar et al., 2001). Several reports document the first 12 weeks of pregnancy as the generally recommended period for the booking visit (Andrew et al., 2014). In Tanzania, the antenatal clinic services policy follows the latest WHO approach to promote safe pregnancies, recommending at least four ANC visits for women without complications and more than 4 visits for women with complicated pregnancy. Many health care centers are transitioned from the traditional approach to this focused antenatal clinic approach. The new schedule of visits is as follows: The first visit

should occur within 12 weeks of pregnancy; the second visit should be between 24 and 26 weeks of pregnancy; the third visit is at 32 weeks; and the fourth at 36 - 38 weeks of pregnancy (Villar et al., 2001; Andrew et al., 2014). Despite the lots of benefits of attending early to Antenatal Care Services, still most of mothers in particular in developing countries delayed on booking to ANC services.

Finlayson and Downe (2013) conducted the research on why do women not use Antenatal care services in Low- and Middle-income countries. The research concluded that the rate of maternal mortality appeared to be increasing in many low- and middle-income countries especially the sub-Saharan Africa. The study revealed that the rates decline did not meet the Millennium Development Goals. Millennium Development Goal 5 was aimed at reducing maternal mortality by 75% by 2015 in conjunction with the WHO Sustainable Development Goal 3 which aims to ensure healthy lives and promote well-being for all at all ages by 2030.

Another study conducted in Uganda by Kisuule, Kaye, Najjuka, Ssematimba, and Arinda Nakitende and Otim (2013) on timing and reasons for coming late for the first Antenatal care visit by pregnant women in Mulago hospital. The study revealed that women started antenatal care at 29 weeks of gestation as they did not have problems with their pregnancies so they didn’t see any reason to book early. It was also revealed that pregnant women in Johannesburg were turned away from the clinics as they were considered too early for Antenatal care booking and most of them returned for booking in the third trimester.

Study of ANC of Antenatal and Postnatal Care in Mtwara rural southern of Tanzania (2012) found out that although women are advised on early ANC, most of pregnant mothers delay to initiate ANC. Another study done in Micheweni District Hospital in Pemba Island reported that adolescent mothers were underutilizing Antenatal Services. Experience shows that women who live in rural areas have low attendance to ANC compared to their fellow women in urban areas. Lack of knowledge to ANC, beliefs, poverty and accessibility to ANC services in African societies were highlighted by women in many of the studies. At this call, African governments decide to decentralize ANC service centers to the communities in need to prevent those negatives results for mothers and their children.

Studies have documented that institutional and other factors do influence antenatal clinic (ANC) booking either positively or negatively (Fagbamigbe & Idemudia, 2015; Fantanesh, 2015; Onasoga et al., 2012). Partners, customs or traditions, family members of pregnant women, distance to antenatal clinic, availability of transport, health facility rules and regulations, local policies, knowledge and attitudes have been reported to influence antenatal clinic booking (Gross et al., 2012; Kisuule et al., 2013; Ojong et al., 2015; Onasoga et al., 2012).

It is disclosed that interventions around the utilization of ANC booking, for adolescent girls and pregnant women, are needed to improve early presentation for ANC**.** In this case, it is obvious that more studies are needed to find the factors leading to this problem. As the situation in the West District of Zanzibar was

alarming, this study aimed to find out the answer that could help to minimize the problem in the studied area.

### 1.3 Statement of Research Problem

Polit and Beck (2012) refers to the Problem Statement as an expression of the dilemma or troubling situations that need investigation and that provides a rationale for a new enquiry. Research problem is an area of concern in which there is a gap in the knowledge needed for nursing practice (Burns & Grove 2015). Delayed Antenatal Care Services in Zanzibar has seen in rise in maternal and foetal mortality in the local community health; this according to Zanzibar Health Institutional Research (ZAHIR 2018), and the nearby national and private hospitals. During perinatal reviews which were conducted monthly, the file audits which have been done at Central hospital indicate that 80% of the cases could have been prevented if pregnant women had started antenatal care earlier. Studies show that about 80.2% of pregnant women delayed booking to ANC services in Zanzibar at large.

Routine data reveals that 83% of women in Zanzibar start their ANC services in the second and third trimester while only 19.2% starts in the first trimester as early as recommended by the WHO and Zanzibar National ANC standards of 2015. According to DMO report in 2017, the situation of delayed booking of pregnant women to ANC services in West District shows that 3,602 pregnant women attended ANC services, among them 1,728 (48%) pregnant women booked early while 1,874 (52%) pregnant women booked late.

The report continued that in 2018, pregnant women who attended clinic were 2,122 among them 877 (40%) booked early while 1,245 (60%) booked late. Response to that problem, Zanzibar Government has ensured that in every five kilometers health care facility center is allocated in order to minimize the distance from one center to another (Zanzibar Health Policy, 2011) The centers are aimed to offer ANC services among pregnant women. These services are offered free of charge where clients are expected to get routine checking to determine their progress of pregnancies.

On the other hand, the United Nation Population Fund Agency (UNFPA) has provided special marine service boats that offer services for those pregnant mothers living in the areas where road communication is unavailable, (Ministry of Health Budget Speech, 2019). Despite of these efforts taken by the government and other stake holders to ensure pregnant women effective attending to ANC services early as recommended, still West District and Zanzibar at large facing the great challenge of delayed booking to ANC among many pregnant women. Therefore, this research aimed to find out factors that associated with delayed booking to ANC services among pregnant women in West District of Zanzibar.

## 1.4 Research Objectives

### 1.4.1 General Research Objective

The main objective of this research was to asses factors associated with delayed booking of Antenatal Care Services for pregnant women in West District of Zanzibar.

### 1.4.2 Specific Research Objective

The Specific Objectives of the research were as follow;

i) To assess demographic factors associated with delayed booking among pregnant women in West District of Zanzibar

ii) To asses institutional factors associated with delayed booking of pregnant women to ANC services in West District of Zanzibar.

iii) To assess social cultural factors associated with delayed booking of pregnant women to ANC services in West District of Zanzibar

iv) To assess social economic factors associated with delayed booking of pregnant women to ANC services in West District of Zanzibar.

## 1.4 Research Questions

The following research questions directed this research:

i) Which are demographic factors associated with delayed booking of ANC booking among pregnant women in West District of Zanzibar?

ii) What is the influence of institutional factors in Antenatal Care Services booking in West District of Zanzibar?

iii) Which are social cultural factors associated with delayed booking of Antenatal Care Services in West District of Zanzibar?

iv) Which are social economic factors associated with delayed booking of Antenatal Care Services in West District of Zanzibar?

## 1.5 Relevance of the Research

The undertaking of this research was justified on the following grounds:

i) Generally, it contributed to the improvement of the quality of Antenatal Care Services delivery to pregnant mothers.

ii) It suggested different ways to other stake holders such as UNFPA to overcome the barriers to the utilization of these services.

iii) Knowledge gained from the findings of this research could be used by the government to formulate strategies for improving the provision of Antenatal Care Services to pregnant mothers by promoting factors that enhance utilization of antenatal (ANC) services.

iv) The knowledge gained from this study could also be used by Shehia Community Health Volunteers (CHV). This is the team which includes health practitioners who work in the rural areas with the aim of improving maternal, newborn, and child health, including early child development.

v) Finding of this research might contribute in designing new or re-designing the existing national policy relating to health issues.

### 1.6 Scope and Limitation of the Research

The research was conducted in West District of Zanzibar targeted to three PHC units in three shehias and included both pregnant women who attend to ANC services and some of health staff in the same units.

The limitation of this research happened of some of PHC units staffs scheduled to be among the respondents; these staffs had very limited time to provide ample time in research findings.

Another limitation was the cultural practices which involved some sensitive personal or family issues such as family life styles, which usually influence respondents not to provide genuine responses. However, the researcher provided a high degree of technique to ensure all respondents targeted in this research were fully participating.

## 1.7 Organization of the Research

This proposal is offered in three chapters, whereby the first chapter which is the introduction covering the background, statement of the problem, objectives, research questions, relevance of the study, and finally the limitation of the study. Subsequently followed by chapter two which assessed literature of the study along with the concept of Antenatal Care Services, theoretical evaluation whereby health theory and model are argued. After that the third chapter discussed the methodology of the study which included the research design, research area, study population, sample as well as sampling procedure, also sources of data and methods of data collection and analysis as well as ethical consideration. The research continued in chapter four by dealing with data presentation, analysis and discussion of findings, conclusively, chapter five presents a summary of findings as well as conclusions and recommendations of the study.

## 1.8 Summary

In this introductory chapter, the researcher explained the historical background of Antenatal Care Services. It was stated that the importance of the ANC services to pregnant women was early studied in twenty centuries.

Many studies conducted worldwide to find out the magnitude of the problem. The studies showed that the problem was much bigger in the developing countries than developed world. In addition, the chapter revealed the research problem in the area of study by giving out empirical data. Data showed that the problem increased within those consecutive years. The part also explained the research objectives that showed the factors to be tested. Additionally, the part explained the number of contributions of the research to the government and other stakeholders. The significances of the research would help the community to minimize the problem studied. Lastly; the chapter stated the limitations of the research that ideally would pose some hindrances of undertaking the research in the area of study.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Chapter Overview

This chapter provided the review of various literatures related to the study on booking to ANC services in world perspective. It began with the presentation of definitions of key terms used in the study followed by a discussion on the concept and nature of the topic understudied. The chapter described the theory/model used in implication of the ANC services. It describes information on empirical studies that have been conducted from various countries. It also conceptualized the variables and factors that would be studied in order to get the reliable findings of the topic conducted. The main purpose of this chapter was to enhance the understanding of the results in similar studies.

## 2.2 Conceptual Definitions

### 2.2.1 Antenatal Care

Antenatal Care is the care that women receive during pregnancy that helps to ensure healthy outcomes for women and newborns (WHO/UNICEF 2013). Antenatal care refers to the care given to pregnant women from the time conception is confirmed until the beginning of labour (Fraser, Cooper & Nolte 2014). In this research, Antenatal Care refers to the number of visits made by pregnant women to the ANC before delivery and not to the content of care. Therefore, delayed Antenatal Care booking is when pregnant women make first appearance at an antenatal clinic after 20 weeks of gestation (Sellers 2013).

In the case of delayed antenatal care is when a pregnant woman start care at 20 weeks of gestation or more, on the other words this is a late booking on ANC services.

### 2.2.2 Antenatal Services

It is also known as Antenatal Care and this is a type of preventive healthcare. Its goal is to provide regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy and to promote healthy lifestyles that benefit both mother and child. (WHO, 2010) It is a personalized care provided to a pregnant woman with emphasis on the woman's overall health, preparation for childbirth and readiness for complications. It is said to be timely, friendly, simple and safe service to a pregnant woman. Furthermore, it contributes to maternal and neonatal outcomes similar to those of traditional ANC (WHO and UNICEF, 2013).

## 2.3 Benefits of Antenatal Care

Antenatal care contributes to good pregnancy outcomes and oftentimes benefits of antenatal care are dependent on the timing and quality of the care provided (WHO and UNICEF, 2003). It has been shown that regular antenatal care is necessary to establish confidence between the woman and her healthcare provider, to individualize health promotion messages, and to identify and manage any maternal complications or risk factors (Hollander, 1997). During Antenatal Care visits, essential services such as tetanus toxoid immunization, iron and folic acid tablets, and nutrition education are also provided (Magadi et al, 1999). Lack of antenatal

Care has been identified as one of the risk factors for maternal mortality and other adverse pregnancy outcomes in developing countries (Anandalakshmy et al, 1993) (Fawcus et al, 1996).

## 2.4 ANC Utilization

According to WHO (2015), Utilization is the frequency or a number of visits to the Antenatal Care clinic made by pregnant women from the first visit until the end of pregnancy. For the purpose of this research, pregnant women who made less than four visits would be defined as inadequately utilized ANC whereas those with four visits or more would be categorized as adequately utilizing ANC services.

## 2.5 Maternal Mortality

**Maternal mortality** refers to the death of a woman from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends. (WHO, 2011). It is also defined by the World Health Organization (WHO) as "the death of a woman while pregnant or within 42 days of termination of pregnancy. It is irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Adding to the WHO definition, the CDC extends the period of consideration to include up to 1 year within the end of a pregnancy regardless of the outcome. Maternal morbidity on the other hand describes any short- or long-term health problems that result from being pregnant and giving birth.

## 2.6 Factors Associated with ANC utilization

### 2.6.1 Institutional Factors

Women were reported to initiate ANC late owing to the perceived bad quality of service at the healthcare facility. The women's criticisms were related mainly to lack of services, citing reasons such as being sent home without receiving services owing to insufficient staff, and having to purchase drugs, cards or diagnostic tests, although the service was supposed to be free. This was reported by Keshma conducted in eastern Indian (2017) on the study of factors hinder women from ANC utilization. Another strong facility level predictor for skilled maternal care utilization was the performance of health facilities. The research has also revealed a very strong association between distance and attendance of ANC. Generally, the distance has been identified as an important barrier to the use of services, especially in rural areas.

Studies have also revealed that general health care utilization for every kind of service is affected by distance from those services. There was a decay effect of the distance on the health care service utilization, as the distance increases from the healthcare facilities; utilization of services was reduced. Generally, the effect of distance on the use of services increases when it is combined with lack of transportation particularly in developing countries. Moreover, access to the facilities also has an effect on the frequencies of services being used. Studies from Pakistan have found that access to obstetric care depends upon the transportation system and physical distance between the villages and the centers. Other institutional factors mentioned the study were quality of services, attitudes of health providers, means of transport, and long waiting for services.

### 2.6.2 Sociocultural Factor

Helmen C, (2012) says that culture encompasses the set of beliefs, moral values, traditions, language, and laws (or rules of behavior) held in common by a nation, a community, or other defined group of people. Therefore, sociocultural factors are customs, lifestyles and values that characterize a society. More specifically, cultural aspects include aesthetics, education, language, law and politics, religion, social organizations, technology and material culture, values and attitudes. Social factors include reference groups, family, role and status in the society.

On the other hand, there are a number of studies done to establish factors relating to late antenatal attendance in the world. The related factors include place of residence, ethnicity, age, education, employment status, and parity, intention to get pregnant, use of contraceptive method, economic status, health insurance and travel time (McDonald, 2008), (Perloff, 2009), (Trinh, 2005).

### 2.6.3 Socioeconomic Factor

It has been studied that there is a great influence or relations between utilization of ANC services and the status of economy for pregnant women. According to the American Psychological Association (APA), an individual's socioeconomic status can significantly impact their beliefs and attitudes, such as perceptions of available opportunities and beliefs in life directions. Yakong's (2018) study of rural Ghanaian women stated that economic ability to access health is a major factor relating to economy that affecting healthcare seeking behaviours in general and reproductive health of women in particular. Things such as income, education,

employment, community safety, and social supports are examples of socioeconomic factors.

## 2.7 Related Terms of Antenatal Care

### 2.7.1 Maternal Health

According to the US National Institutes of Health International Journal of Integrated Care, childbirth constitutes a major event in women's lives during the prenatal period. Prenatal period is generally defined as the interval between the decision to have a child and one year after the birth. The mother, her partner and her family, face important physical, psychological and social upheavals (Charo Rodriguez and Catherine des Rivières-Pigeon, 2017).

Large evidence of research suggests that attendance at ANC clinics and receipt of professional delivery care have been associated with reduction in maternal deaths (Magadi, 2011) (UNICEF, 2013).

The full benefits of interventions provided during ANC are unattainable because of late entry to ANC. In developed and developing countries, ANC attendance boosts the good outcome of pregnancy. A study in Kenya was able to show the causal relationship between ANC and good perinatal outcomes (Brown, 2008).

### 2.7.2 Safe Motherhood

In an effort to improve maternal health, the fifth United Nations MDG aims to reduce maternal deaths. WHO has been advocating for improvements of maternal health through safe motherhood initiative? Safe motherhood initiative was developed in

1987 in Nairobi, Kenya at an international consortium of United Nation agencies, governments, nongovernmental organizations as well as donors in response to the escalating levels of maternal and infant morbidity and mortality in most developing countries. Its main aim was to ensure that most pregnancies and deliveries are handled safely both at the community and health facility level in an act to reduce maternal deaths by 70% from 1990 to 2015 (WHO, 2012).

Although most maternal and infant deaths can be prevented through safe motherhood practices, millions of women worldwide are still being affected by maternal mortality and morbidity from preventable causes. Safe motherhood encompasses a series of initiatives, practices, protocols and service delivery guidelines designed to ensure that women receive high-quality gynecological care, family planning, prenatal, delivery and postpartum care. The pillars of safe motherhood are family planning, ANC, clean/safe delivery and essential obstetric care.

## 2.8 Theories Related to ANC services

Theorists say that a theory is a belief, policy, or procedure proposed or followed as the basis of action. It refers to a logical group of general propositions used as principles of explanation. Theory in research is a reasoned statement or groups of statements, which are supposed by evidence, meant to explain phenomena (Beck 2012).

### 2.8.1 Health Belief Model

Health Belief Model is a part of Health Behavior theory, which is one of the first theories developed exclusively for health-related behaviors. It originated in the 1950s

and has been thoroughly tested in variety of situations since that time. The Health Belief theory is one of the mostly used conceptual frameworks for understanding health behavior.

The theory hypothesizes that health seeking behavior is influenced by a person's perception of a threat posed by a health problem and the value associated with actions aimed at reducing the threat (Polit & Beck 2012). In this research Health Belief theory will be applied on the sense that health seeking behavior is a matter of a person's perception of a health problem. Therefore, the researcher will use this theory to assess the factors associated with delayed booking to ANC services.

### 2.8.2 Assumptions of Health Belief Model

Health Belief Model theory is based on three assumptions; firstly, it assumes that a person will take health related action if that person feels that a negative health condition can be avoided. Secondly it assumes that a person will take action if that person has a positive expectation that by taking a recommended action they will avoid a negative health condition.

Thirdly, it assumes that a person takes a health-related action if the person believes that she can successfully take the recommended action (Sharma &Romas 2012).

It is assumed that those who started antenatal care early have any pregnancy related complications diagnosed; and the disease is treated before delivery of the baby. The HBM has spelt out constructs representing the perceived threat, benefits and cues to action as stated by Polit and Beck (2012).

The researcher used this theory to identify perceptions of seriousness, susceptibility and barriers that might explain why some women do not start antenatal care earlier to prevent perinatal and maternal mortality and possible cues to action and modifying variables that might change the behavior of late antenatal booking.

It is also used to identify the benefits of early antenatal care booking which are perceived as the outcomes relating to reducing susceptibility and the benefits are motivators which encourage pregnant women to start antenatal care early. There is a strong relationship between the above assumptions and the required action of this research that is to book antenatal care early. This study tries to find out the magnitudes of understanding the importance of ANC utilization and their readiness to change their behavior of delayed booking.

## 2.9 Empirical Literature Review

Studies on ANC services have been conducted in various countries all over the world. The findings from these studies are useful because some of the studies have had a significant contribution to the understanding of ANC services booking in our community. In this section, an empirical analysis of various studies related to ANC services is presented. By looking into the various study factors, this section will present study's findings in global and national context.

### 2.9.1 Institutional Factors

#### 2.9.1.1 Attitudes of Health Providers

A study conducted by Solarin and Black (2015) on women's antenatal care booking experience in inner-city revealed the large proportion of pregnant women who attend

ANC late. The reasons given were the delay by health care workers in the provision of care and 40% of them were not booked in the first visit.

Thereafter, they were told to come back in another day, and were told to be still early in the pregnancy and they ended being booked in their third trimester. A study conducted in Malawi by Roberts, Sealy, Marshak, MandaTaylor, Gleason and Mataya (2015) on the patient-provider relationship and antenatal care uptake at two referral hospitals revealed that pregnant women do not attend antenatal care early or do not attend at all as the nurses are always shouting and yelling at clients.

#### 2.9.1.2 Distance to the Health Centre

The study conducted in Pakistan by Amna (2015) revealed that 72% of pregnant women who booked late for antenatal care had challenges of distance to the health facilities. A study conducted by Sakala (2015) on assessment of the barriers to the utilization of antenatal care service in Kazungula district led to conclusions that distance to health service was mentioned as a barrier because walking to the clinic takes a lot of time and sometimes walking alone is also dangerous. In the study conducted in Khayelitsha by Nhemachema (2017) on factors influencing the gestational age at booking in “primi-gravid” clients within the prevention of mother to child transmission also revealed that the geographical positioning of a clinic may be itself a problem.

A woman must be able to travel to the clinic and this must not cause too much for the woman doing a cost benefit analysis of attending the clinic, the trip from the outer reaches of Khayelitsha may require the use of public transport and it may take time

to reach, so even if the antenatal service is free booking may be of lower priority.

#### 2.9.1.3 Quality of Health Services

Poor utilization of quality reproductive health services continues to contribute to maternal morbidity and mortality in developing countries. Understanding the different forms of social representations from which individuals or group members of a society draw meanings from the different social setting and other external factors came to the proof. This may influence their preferences that will help to identify policy gaps and develop strategies that will improve utilization of skilled obstetric services. It is also believed that it may reduce unnecessary loss of lives (Abdool-Karim et al., 2014; Lockwood, 2015; Cook et al., 2019; Milliez, 2019).

Despite the progress in some countries, the global number of maternal deaths per year estimated at 529,000 or one every minute during the year 2010 has not changed significantly since the 2005; This according to International Conference on Population and Development (ICPD). This is also supported by the evidence from the World Health Organization (WHO), United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA). It was also revealed that most women survive but later suffer from illness and disability related to pregnancy and childbirth (WHO, 2003; Zeine et al., 2009).

### 2.9.2 Social Cultural Factors

#### 2.9.2.1 Social Norms/Believes/Attitudes

Socio-cultural belief systems, values, and practices also shape an individual's knowledge and perception of health and illness/disease, and health care seeking

practices and behaviors (de- Graft Aikins, 2015; Caldwell, 2017; MoH, 2014; UNICEF, 2015). These shared norms guide self-care practices, and the use of traditional healers, both of which may support some healthy behaviours and contribute to unmet health needs (Adongo et al., 2018; GMOH, 2019). A study conducted in Malawi by Chiwaula (2011) also demonstrated that cultural beliefs negatively influence utilization on FANC.

#### 2.9.2.2 Religious Believes

Studies show that Muslim women are less likely to use reproductive and sexual health services such as antenatal care because of lack of privacy, for example, exposure of legs and arms, is a taboo for Islamic and other women. However, they have high antenatal care use despite their cultural belief. Women in some cultures do not use antenatal care because of the perception that the modern healthcare sector is intended for curative services only. The cultural beliefs and myths about pregnancy have impacted on mother's use of antenatal care. It would be appropriate to explore how issues in Muslim and other cultures and beliefs may act as barriers to use of antenatal care (Mkhari, 2014).

### 2.9.3 Social Economic Factors

#### 2.9.3.1 Limited Resources Directed to Family Control

Yakong's (2018) study of rural Ghanaian women posited that economic ability to access health is a major factor affecting healthcare seeking behaviours in general and reproductive health of women in particular. For example, in Ghana, the majority of

women have limited control over family property and household financial resources and limited access to credit from financial institutions.

#### 2.9.3.2 Household Expenditure

Income at household level has a bearing on antenatal attendance. This was established in studies from Jamaica that found out that an increased probability of early antenatal care attendance was associated with increased household expenditure (Mkhari, 2014).

#### 2.9.3.3 Women Dependence on Husbands

It is noted that women's financial dependence on their husbands affects their decision making because healthcare options must be supported by their husbands. (Tawiah, 2011)Women lack the power to spend money on healthcare without their husbands' permission. Studies also conducted in Nigeria (Negi et al., 2010) concluded that women financial dependence effects women decision.

### 2.10 Predisposing Characteristics

According to Andersen et al; there are socio-cultural characteristics of individuals that exist prior to their illness. They include; social structure: education, occupation, ethnicity, social networks, social interactions and culture; there are health beliefs: attitudes, values and knowledge that people have concerning and towards the health care system and there are demographic: age and gender.

#### 2.10.1 Age wise

In the study done in rural Kenya in 2017 to examine changes in the initiation of

antenatal care by teenage girls and older adolescents (aged 17-19) were more likely to attend ANC services in the first trimester than younger adolescents (aged 15-16) whereas younger adolescents (aged 15-16) were more likely to start ANC services earlier than preteens.

### 2.10.2 Marital Status

Marital status of adolescents was also found to influence utilisation of antenatal services in several studies. Treffers, Olukoya, Ferguson and Liljestrand (2011) reported that unmarried adolescents were utilizing antenatal care services less than their married counterparts. This was supported by Luo, Wilkins and Kramer (2014) in their study on disparities in pregnancy outcomes according to marital and cohabitation status in Ghana.

### 2.10.3 Educational Level

The educational level of adolescents has been reported to influence antenatal care utilisation in different parts of the world. In a study on trends in marriage and early child bearing in developing countries, teenage pregnancy was found to be concentrated among adolescents with relatively low levels of education (West off 2010). This is confirmed by a study done by Hueston and colleagues (2018) who found that low levels of education are among the factors that were associated with delayed initiation of prenatal care in Uganda.

## 2.11 Research Gap

In this research, many literatures related to ANC services have been reviewed and examined. Many of the reviewed studies have concluded that if pregnant women

would attend to ANC services as early as recommended by WHO; maternal deaths could have been prevented in a great manner. Although public and in particular pregnant women have the general understanding of ANC services, little has been done to assess what are the factors associated with delayed booking in rural areas. Hardly any study among those conducted in Zanzibar; critically examine the cause and the factors leading to the problem especially in rural areas such as West District of Zanzibar. The aim of this research is to fill the gap identified and come out with decisive recommendations to the authorized government bodies and relevant stake holders.

## 2.12 Conceptual Framework

Polit (2000) explains that the Conceptual Framework illustrates the association between dependent and independent variables. The dependant variable refers to the outcome of certain intervention or associated causes while the independent variables reflect the factors that promote the changes in the dependent variable. In this research, the dependant variable is the late ANC booking among pregnant women in West District of Zanzibar Island while the independent variables are institutional factors, social economic factors and social cultural factors as shown in the figure below. The conceptual frame work for this research presented is based on the work of Derek and his fellows (2007). It shows the problem of delayed booking of pregnant women associated with other factors that are taken as the independent variables. The research conceptualizes that there is great relationship among the research problem and other factors.

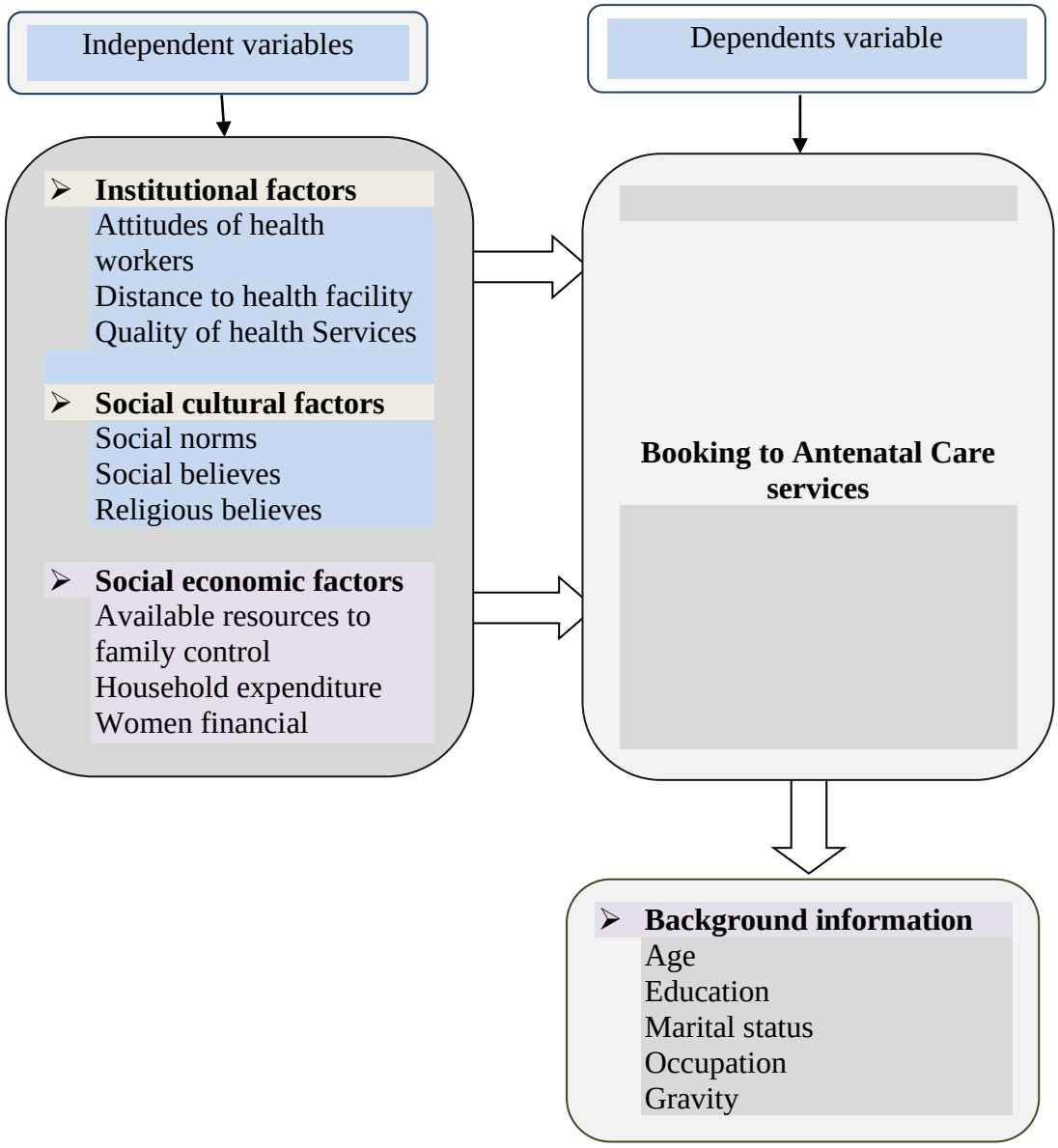


**Figure 2.1: Conceptual framework**

Source: Study review (2020)

## 2.13 Enforcement of Policy and Legal Framework

The researcher found the need to study the institutional framework that guides the work of health providers who attend pregnant women. The researcher examined the framework (Nurse and Midwives Council of Tanzania) which provides code of ethics

and professional conduct for nurses and midwives in Tanzania. The framework has sets out conventional principles and expectations that will be binding to all nurses and midwives in Tanzania. Its purpose is to inform the professionals, employers, other professionals and the public on the standard of professional expected from a nurse or midwife.

**Box 01: Guiding principles for nurses and midwives**

**Guiding Principles**
As a nurse or midwife licensed to practice by TNMC, you are personally accountable for your practice, when caring for patients and clients you must adhere to the following guiding principles:
1. Respect for humankind and life
2. Obtain consent before you provide care
3. Maintain Professional Competence and Advancement
4. Take responsibility and be accountable for your acts
5. Be trustworthy and exercise fairness
6. Collaborate with other and act as a part of the team
7. Protect confidential information

### 2.13.1 The Nurses' pledge

All the Nurses and Midwives upon completion of their course and on any other occasion shall pledge as follows:

**Box 02: Nurses 'pledge**

I . . . solemnly pledge myself before God and in the presence of this assembly; to pass my life in purity and practice my profession faithfully. I will abstain from whatever deleterious and mischievous and will not take or knowingly administer harmful drugs. I will do all in my power to elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my profession. With loyalty will endeavor to give professional care to my clients and devote myself to the welfare of those committed to my care.
NB: This Pledge may also be used during the national and international nurses commemorations

### 2.13.2 World policy concerning ANC services

The researchers also study the world policy which has set rules and principles for health providers as the institutional mechanism to follow on the course of their duties. WHO has come out with the New Guidelines on Antenatal Care for a Positive Pregnancy experience. The move has issued a series of recommendations to improve quality of antenatal care to reduce the risk of stillbirths and pregnancy complications and give women a positive pregnancy experience. By focusing on a positive pregnancy experience, these new guidelines seek to ensure not only a healthy pregnancy for mother and baby, but also an effective transition to positive labour and childbirth and ultimately to a positive experience of motherhood.

**Box 03: WHO Recommendations on ANC service delivery**

**Sample recommendations:**

- A minimum of eight contacts are recommended to reduce perinatal mortality and improve women's experience of care.
- Counseling about healthy eating and keeping physically active during pregnancy.
- Daily oral iron and folic acid supplementation with 30 mg to 60 mg of elemental iron and 400 µg (0.4 mg) folic acid for pregnant women to prevent maternal anaemia, puerperal sepsis, low birth weight, and preterm birth.
- Tetanus toxoid vaccination is recommended for all pregnant women, depending on previous tetanus vaccination exposure, to prevent neonatal mortality from tetanus.
- One ultrasound scan before 24 weeks' gestation (early ultrasound) is recommended for pregnant women to estimate gestational age, improve detection of fetal anomalies and multiple pregnancies, reduce induction of labour for post-term pregnancy, and improve a woman's pregnancy experience.
- Health-care providers should ask all pregnant women about their use of alcohol and other substances (past and present) as early as possible in the pregnancy and at every antenatal visit.

## 2.14 Summary

This chapter dealt with examining literature studies in theoretical manner and then looks into that study by giving out empirical data from previous studies. The chapter

started with defining terms related to the research topic and thereafter it looked into the theories based on the topic to be studied. The part also explained about the theory and core assumptions as it was known that every research subject should accompanied by theory and assumption that helps to prove hypotheses through variables explained from specific objectives. The part as well drew out the conceptual framework that underlines independent and dependant variables.

Generally, this chapter established the baseline for current knowledge on the topic to be studied.

Reterature review showed the current state of knowledge, to create a narrative and a summary of the author's original study and analysis. The researcher also read the WHO policy, the national official documents from Ministry of Health Zanzibar and other specified legal document from TMNC that placed special guidelines to midwives and nurses as health providers.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Overview

The purpose of this research is to assess factors associated with delayed booking of antenatal care services in the studied area due to its wide escalation in the studied area. Therefore, this chapter presents the research methodology and research design as a road map of what the researcher has intended to do. Therefore, this chapter presents research methodology; research design; research populations; research area, sampling design and procedures; data collection method; data processing and analysis; ethical consideration and expected results.

## 3.2 Research Approaches

This research applied two types of approaches simultaneously; qualitative and quantitative approaches. This means that, the study used mixed approaches in order to triangulate the problem being studied. The dominant approach of this research was qualitative, this implied in order to obtain details which could not be provided by the previous studies. The quantitative approach was aided in quantifying the problem (factors and challenges) using especially descriptive statistics. The research was mixed in order to understand a research problem more completely and to allow greater diversity of views in informing and reflecting the study. This approach was applied so as to enhance confidence in ensuing expected findings regarding the factors associated with delayed booking to ANC services.

### 3.3 Research Design

This research suits both qualitative and quantitative type of research. Qualitative research approach was adopted because it is the most suitable in studying peoples‟ views, feelings, opinions and attitudes or in understanding peoples‟ behaviors. Quantitative research approach was also adopted because it relies on the principles of verifiability. This includes confirmation, proof, corroboration or substantiation thus knowledge emerges from what can be proven by direct observation (Silverman, 2011). The research used descriptive design, which allows the details analysis and the general understanding of a particular phenomenon. Therefore, the study used descriptive design because it described how social and economic factors associated with delayed booking to ANC services.

### 3.4 Area of the Research

According to Godfrey, (2018), the selection of research site is essential because it influences the usefulness of the information produced. West District of Zanzibar was the area of study, it is within the Urban West region of Zanzibar in which the population is highly growing. The total population of the District is 370,645 with 39 shehias. The male population is 176,979 whereas female population is 193,666. This is according to General Report of Population and Housing Census in Tanzania, 2012.The general population shows that female number is higher than male number of populations. The District has a total of sixteen Primary Health Care Units which are offering Antenatal Care Services to pregnant women which their number is steadily increasing. The selection of this area was based on the fact that the District recorded the highest number of cases of maternal mortality compared with other

Districts. For example, in 2018 data shows that the District recorded 64 cases while urban district recorded 60 and North A district recorded 53 cases.


**Figure 3.1: Map of Zanzibar Island**

Source: http://mapsget.com/africa/tanzania/maps-of-tanzania

## 3.5 Research Population

Frankel, Wallen (2000) and Burns, Grove (2015) define population as all elements (people, objects, events or substances) that meet the sample criteria. The research population known as target population is the entire population in which a researcher is interested and to which he or she would like to generalize the study results. According to Omari (2011) population is the totality of any group of units which have one or additional distinctiveness in common that are interest to the researcher.

In this research the target or study population was pregnant women who attend ANC services at three PHC units in the time of study. The PHC units included were Fuoni,

Chukwani and Kisauni. Also, the population will include health providers from the same PHC units.

## 3.6 Sample Design and Procedure

### 3.6.1 Sample Size of the Study

This sample size was chosen from the sampling frame of all pregnant women who attend ANC services in three units per month. The total sampling frame of all pregnant women was 300 and sample size chosen was 150 equal to 50% of study population. The sample size of this study was therefore was 150 of pregnant women who were randomly chosen from three PHC units as named above. The researcher selected these three PHC units because they normally attend more pregnant women than the other units in the studied area. In Fuoni PHC unit the number of pregnant women who attended ANC services per month was 120, Chukwani recorded 96 and Kisauni recorded 84 respectively. On the other hand, the study involved fifteen (15) health providers from three PHC units namely Fuoni, Chukwani and Kisauni. In every PHC unit five staffs were selected to make total respondents of 15 health providers which were equal to 75% of the total population of all health providers working in those three units. Health providers were chosen to add value of information that increased the volume of findings from pregnant women.

## 3.7 Sampling Techniques

In this research two sampling techniques were used namely random and purposive sampling. Random sampling was used to select pregnant women and purposive sampling was used to select health workers.

Random sampling was used to select pregnant women who came to the clinic for antenatal care during the data collection period who had started antenatal care after 20 weeks of gestation and also was 18 years of age or above. Simple random sampling was used to ensure some degree of precision in estimating some population parameters. Every member of the population had a chance of being included in the sample and allowed researchers to estimate the magnitude of sampling error.

On the other hand, Purposive sampling technique was employed to select health providers which were provided with self-administered questionnaires by the researcher. The researcher also considered population characteristics which were specified using eligibility criteria. Eligibility criteria are the criteria designating the specific attributes of the target population, by which people are selected for inclusion in a study (Polit & Beck 2012:274). Burns and Grove (2015:251) stated that eligibility criteria include a list of characteristics essential for eligibility or membership in the target population: The exclusion criteria are those characteristics that can cause an element to be excluded from the target population.

## 3.8 Data Collection Methods

### 3.8.1 Data Collection

This study had two types of data namely primary and secondary data. The source of primary data was pregnant women and health providers from PHC units collected through interview guide and questionnaires. On the other hand, the source of secondary data was information from reports, and other official documents collected through documentary review.

### 3.8.2 Interview Guide

Interview guide was one of the instruments in this research for primary data collection. The interview facilitated in searching the views, perceptions and attitudes of the pregnant women. Pregnant women enriched the study with explanations and elaborations relating to matter under study. Structured interview was applied as it contained list of prearranged questions asked. This interview was relatively quick and easy to administer.

The researcher used unstructured interviews to seek details not obtained through structured interviews. They were also providing opportunity for clarification of certain questions and emerging issues during the structured interview.

### 3.8.3 Questionnaire

Another primary data collection instrument was questionnaires which were applied to health providers with the intention of obtaining information which added value to the main respondent of pregnant women. These questionnaires were used as they have low cost. The questionnaires likewise enabled the respondents to have adequate time in giving well thought out answers regarding factors with the topic under study.

The structured questionnaires were used as it contained prepared questions in advance with definite, concrete and pre-determined questions. This type of questionnaires was presented with exactly the same wording and order to all health providers to be sampled. The respondents replied the same set of questions limited to the stated alternatives and answers. The questionnaires were prepared in such a way

that it captured and addressed all the aspects revealed on the conceptual framework of this research.

### 3.9 Data Processing and Analysis

According to Balkishan (2018) data analysis is the process of developing answers to questions through the examination and interpretation of data. In this research, the process of data analysis was categorized into two main categories depending on whether the data was qualitative or quantitative. Collected data were analyzed using qualitative and quantitative approaches and descriptions that the researcher was able to provide the report. Data collected were edited, coded and reviewed by the researcher so as to ensure accuracy and completeness. Data analysis was done through the Statistical Package for Social Sciences (SPSS).

Descriptive statistical analysis was used to calculate frequencies and percentages results which were then presented using tables supported by explanations. The data collected through the interview and questionnaires were analyzed using content analysis. This method was aided in identifying the emerging issues from the information given through interview and questionnaires.

### 3.10 Reliability and Validity of Data Collection Instruments

Validity of instruments refers to the quality of data gathering instruments procedures, which measure what is supposed to be measured (Kothari, 2009). In qualitative research, the concept of validity has been adopted to mean more appropriate terms such as quality, rigor and trustworthiness (Fink, 2011).

To ensure validity of questionnaire and interview schedule were constructed in such a way that relevant and crucial themes were guided by the data collection plan. To ascertain validity and reliability of data that were obtained in this study, pre-testing of the data collection instruments was done.

This assisted and reduced all ambiguities and rectification on questions that seemed to be unclear to respondents. Also, it was stressed in the introductory part of the questionnaires that this is an academic research, minimizing possibilities of biasness from respondents.

The researcher also strived to be inquisitive and collaborative in areas that required technical attention and clarifications from respondents and all difficulties were attended. It is therefore worth noting that, the sourcing of data collected in this study and the methods of data collection that were applied in this study are in the opinion of the researcher. It was worth to deserve justification of the reliability and validity of data obtained accordingly.

### 3.11 Ethical Considerations

Ethical considerations go beyond the design of the study. Any piece of research that involves human subjects must endeavor protect the rights, dignity, physical and psychological welfare of the participants. According to (NHREC, 2009) in order to ensure that research participants were protected, the Number Code of Ethics stressed that all subjects involved in the research should have a legal capacity to consent.

During this study, approval and permission from Open University of Tanzania (OUT) to carry out the study was considered and research clearance was sought.

The research clearance letter from the OUT facilitated to get permission from research unit of the Ministry of Second Vice President to carry out the study from authorized persons from the area of the study. All participants of this study were briefed about the study. The researcher also sought participants‟ consents on interview sessions and filling questionnaires to provide required information, neither force nor threats were used in data accumulation process.

The information which was given by respondents remained confidential and have not been divulged for any other ulterior motive except for the purpose of this study only.

### 3.12 Summary

This chapter summarizes the research methodology, the research design, area of the study and target population. Sample size estimation was calculated to indicate the number of study participants required. Sampling technique is also stated to show how study respondents chosen. The chapter also explained about data collection that involves the precise and systemic gathering of information.

The chapter explained about method of data collection and describes about research instruments which are also discussed and its validation. The part also stated about data analysis which is the systematic organization and synthesis of research data and finally explains ethical considerations related to data collection.

# CHAPTER FOUR

# DATA PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

## 4.1 Overview

This chapter presents the major results and discussion arising from the data analysis related to examination of factors associated with delayed booking to antenatal care services in West District of Zanzibar. The chapter deals with respondents' information, respondents' opinions on institutional factors, respondents' opinions on the influence of social cultural factors and the respondents 'opinions on the influence of social economic factors. Likewise, the chapter disclosed the information from health providers so as to add value to the study. This chapter presents results of the data collected at three PHC units in West District of Zanzibar whereas a total of 150 pregnant women attended ANC services were interviewed while fifteen health providers were provided with questionnaires.

## 4.2 Demographic Factors as Influence to ANC services

The study collected information from respondents with respect to age, marital status, education level, occupation and pregnancy gravity. It was found to be important to capture data on demographic information of respondents for the implication of this study. All hundred and fifty respondents indicated their background information as shown below in the table.

**Table 4.1: Respondents information**

| Variables | Responses |
|---|---|
| **Age of respondents** | |
| Age less than or equal to 20 years | 20(13.3%) |
| Age above 20 or equal to 35 years | 130(86.6%) |
| **Education of respondents** | |
| Higher education | 78(52%) |
| Lower education | 72(48%) |
| **Occupation of respondents** | |
| Employed | 55(36.6%) |
| Un-employed | 95(63.^%) |
| **Marital status** | |
| Married | 122(8.3%) |
| Un-married | 28(18.6%) |
| **Gravity** | |
| Prime gravida | 23(15.5) |
| Malty gravida | 127(84.6%) |

Source: Field Data (2020)

Most of the respondents were between ages 20 to 35 years 78 (52%), this may be because this is the age at which most respondents were married and followed by 20 to 30 years 52 (34.6%). The study included only respondents who were 18 years and above, the age category for below 20 years of age ranged from 18 to 19 which were 20 (13.3%). In educational level respondents reflected 20 (13.3%) which attained high school (college), those who attained secondary level 58 (38.6%) and those attained primary level of education 72 (48%). The majority of respondents have attained primary level of education.

The results also showed that the majority of respondents were not employed, but mainly were housewives 85 (56.6%). Only 55 (36.6%) were civil servants and 10 (6.6%) have personal business. It may be concluded that most pregnant women were financially dependent on someone. Regarding the marital status, most respondents

were married 122 (81.3%) followed by the ones who were not married 28 (18.6%). The research also showed that respondents who had multigravida were 127 (84.6%) and those who had Primegravida were 23 (15.3).

## 4.3 General Knowledge of Respondents

### 4.3.1 Knowledge of Respondents on Best Time to Start ANC and Number of Attendances Required

In this study, respondents were asked whether they know the best time and the required number of attendance ANC clinic. Most of respondents 112 (72.6%) knew that the best time to start ANC is first trimester. Majority of respondents (68. %) said that the required number of ANC attendance for pregnant women are four times as indicated in the table below.

**Table 4.2: Knowledge of respondents on best time to start ANC and required number of attendances**

| Variables | Number of Respondents (%) | |
|---|---|---|
| Best time to start ANC | First trimester | 112 (72.6%) |
| | Second trimester | 30 (20%) |
| | Third trimester | 8 (5.3%) |
| Number of attendances | Two times | 25 (16.6%) |
| | Three times | 23(15.3%) |
| | Four times | 102 (68%) |

Source: Field Data (2020)

This study shows the high proportion of respondents of ANC knowledge and its best time to start and the numbers of attendance. The findings showed that healthcare providers and pregnant women agreed that ignorance about ANC services was one of the factors affecting its utilization. This is the agreement of the study conducted by

Paredes et al. 2015, Nisar and White 2013 in eastern Malawi. The study aimed to examine factors hinder utilization of ANC services from pregnant women. The study reported that knowledge of ANC has a positive and statistically significant effect on FANC use. It was indicated that pregnant women with inadequate knowledge of maternal and child health and exactly have the knowledge of the best time of starting ANC services were likely not to utilize ANC (Ndyomugyenyi, 2008).

### 4.3.2 Benefits of Early Booking on ANC services

The researcher asked the respondents about the benefits of early booking to ANC services. Majority of respondents 84 (56%) said that one of the benefits was early diagnosis of complications. Others benefits of early booking stated were prevention of complications and getting on care concerning pregnancy on ANC which were associated with 31(20.6%) and 45 (30%) respectively as shown in the table.

**Table 4.3: Proportion of benefits available on early booking**

| Variables (Benefits) | Response % |
|---|---|
| Early diagnosis of possible complications related to pregnancy | 84 (56% |
| Prevention of possible complications related to pregnancy and the foetal | 31(20.6%) |
| Getting knowledge on care concerning pregnancy to pregnant women | 45 (30%) |

Source: Field Data (2020)

When asking health providers about the benefits of ANC almost all respondents 15 (100%) mentioned early diagnosis of possible complications, and preventions of possible complications related to pregnancy. This was in agreement with the study done in Ethiopia by Elisha (2017) that found out that the majority of study

respondents agreed the notion that ANC early booking had a lot of benefits; Elisha examined factors related to delay booking in ANC services. On the contrary, lack of antenatal care or late booking has been identified as one of the risk factors for maternal mortality and other adverse pregnancy outcomes in developing countries. Antenatal care contributes to good pregnancy outcomes and often times benefits of antenatal care are dependent on the timing and quality of the care provided (WHO and UNICEF, 2003).

### 4.3.3 Access of Any ANC Information Before Getting Pregnant

Several studies are conducted to investigate the rate of accessibility of pregnant women to ANC services before pregnancy. In this study, the researcher has found that majority of respondents 142 (94.6%) have information before they got pregnant and most 95 (63.3%) said that they got information from mass media, 35(23.3%) got information from campaign and 20(13.3) got information from members of the families as displayed in below table.

**Table 4.4: Access of any ANC information before getting pregnant**

| Variables | Responses |
|---|---|
| Got information from mass media | 95 (63.3%) |
| Got information from campaign | 35 (23.3%) |
| Got information from members of family | 20 (13.3%) |

Source: Field Data (2020)

The researcher also asked health providers whether there was any access of information for pregnant women before pregnancy. All respondents15 (100%) reported that there was access of information and mentioned mass media and

members of family as the main source of information of ANC services. This is supported by the study of Kasolo et, all (2010) study means of ANC information to pregnant women prior pregnancy periods. In that study conducted in Kibera Kenya, the majority of respondents mentioned mass media, family members as main of sources of ANC information.

### 4.3.4 Information Available at the PHC Units About the Pregnancy

Researcher wanted to know whether respondents were informed about their pregnancies. The study reported that, on the case of information availability at the PHC units; all respondents mentioned management of complication, monitoring of foetal kicks, infant feeding, and birth planning, these findings are displayed in below table.

**Table 4.5: Information available at the PHC units about this pregnancy**

| Variables | Respondents % |
|---|---|
| Information of management of complication | 150 (100%) |
| Information of monitoring foetal kicks | 150 (100%) |
| Information Infant feeding | 150 (100%) |
| Information of birth planning | 150 (100%) |

Source: Field Data (2020)

This was an agreement with health providers 15 (100%) who reported that pregnant women provided with information concerning management, and monitoring of their pregnancies and their foetals. Other information which health workers provided to pregnant women was about infant feeding and birth planning. These findings agreed with the study conducted by Kingoo (2015) in Eastleigh Nairobi County in Kenya.

The study examined the factors influencing attendance to antenatal care services in Kenya, the case of Somali women in Eastleigh Nairobi County. Majority of the women (63.6%) reported that they were informed about how to manage and monitor their pregnancy and the foetal. Respondents also reported that they were informed on how to plan their births and how they should well fed their prospective babies.

### 4.3.5 Importance of Seeking ANC Services for Pregnant Women

Answering the question of the importance of seeking ANC services, the respondents had mentioned different items which they could get if they sought ANC services.

The respondents said that pregnant woman should seek ANC services to prevent complications, to get ANC card, to confirm pregnancy, to monitor foetal growth, and vitamin supplements, and majority 56 (37.3%) mentioned getting card for delivery as the table 06 displays the findings.

**Table 4.6: Answers of respondents on importance of seeking ANC**

| Variables | Respondents % |
|---|---|
| Getting ANC card for delivery | 56(37,3) |
| Confirming pregnancy | 31(20.6) |
| Monitoring of foetal growth | 22(14.6) |
| Prevent complication | 21(14%) |
| Vitamin supplement | 20(13.3%) |

Source: Field Data (2020)

This was unlikely with health providers who mentioned monitoring of foetal growth 13(86.6%), confirming pregnancy 12(80%) and complications prevention 10(66.6%) as the most importance factors for women to attend ANC services. The findings of this study agreed with Catherine's study (2018) on factors influence utilizing of ANC

in Bussia Uganda. The study reported that majority of respondents mentioned getting ANC cards, confirming pregnancy, and monitoring of baby growth as the importance of ANC seeking.

### 4.3.6 Availability of Basic Test During ANC Visits

The study examined the knowledge of respondents on availability of basic test during ANC visit. The study revealed that 145 (96.6%) of respondents demonstrated that pregnant woman needs to undergo HIV counseling and blood testing.

Moreover, 148 (98.6%) of respondents knew that screening of urine, weight, BP, HB, and RPR should be taken and almost all 139 (92.6%) respondents knew that physical examination was observed during their ANC visits, Figure 4.1 shows the findings.

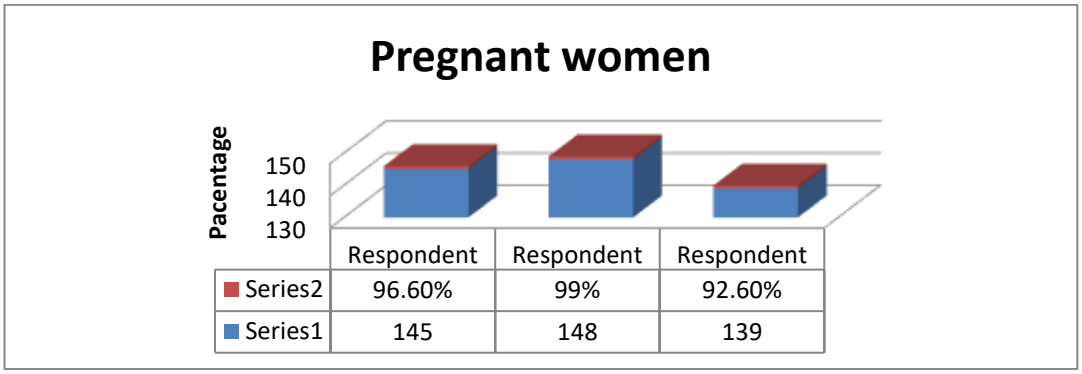


**Figure 4.1: Availability of basic test during ANC visits**

Source: Field Data (2020)

When the researcher asked the health providers whether the mentioned investigations are fully available; all respondents 150 (100%) had the positive answer. This was in agreement with the study of Bahati (2018) on factors associated with antenatal clinic booking in Dodoma Tanzania. The study reported that (92.6%) of respondents

demonstrated that pregnant woman needs to undergo blood screening test for HIV infection, and (92.6%) respondents knew that blood pressure is measured during their ANC visits.

## 4.4 Institutional Factor as Influence the ANC Booking

### 4.4.1 Quality of the Services

The level of satisfaction with the quality of antenatal services was high among the respondents and 87 (58%) were married women and 22 (59%). In addition to that the respondents recommended the health providers to ensure the availability of all essential drugs and vaccines, extension of clinic hours as indicated by Table 4.7.

**Table 4.7: I Quality of the services in ANC booking**

| Variable | Category | Respondents % | |
|---|---|---|---|
| | | Satisfy with the quality of ANC services available | Did not satisfy with the quality of ANC services available |
| Quality of services | Married women | 87 (58%) | 26 (17.3%) |
| | Un married women | 22 (59%) | 17 (45.9%) |

Source: Field Data (2020)

However, some respondents 26 (17.03%) married women and 17 (45.9%) unmarried women, did not satisfy with quality of the services, mentioned the quality of the services from the PHC unit to influence the delayed booking to ANC services among pregnant women. However, these findings agreed with Lweno study (2013) on adolescents' utilisation of antenatal services in Muheza District in Tanzania. The study indicated the level of satisfaction with the quality of antenatal services was very high (94%).

### 4.4.2 Attitudes of Health Providers

The researcher needed to know if attitudes of health providers influenced the delayed booking on ANC services. Majority of respondents 88 (58.6%) mentioned attitudes of health providers to influence delayed booking to ANC services among pregnant women. However, 62 (41.3%) of respondents did not mentioned the attitudes of health providers to be influencing the delayed booking in ANC services.

**Table 4.8: Attitudes of health workers ANC booking**

| Variables | Category | Respondents % |
|---|---|---|
| Attitudes of health providers | Pregnant women mentioned the attitudes | 88 (58.6%) |
| | Pregnant women did not mention the attitudes | 62 41.3%) |

Source: Field Data (2020)

These findings were supported by the study of Gloss, (2012) on timing for antenatal care for adolescent and adult pregnant women in South Eastern Tanzania. The study concluded that poor services and attitude by health workers resulted pregnant women not to book for antenatal care earlier. Nurses and other health providers 'attitude is mentioned to be one of the reasons for late antenatal care booking.

### 4.4.3 Factors Cause Delayed Booking to ANC for Pregnant Women

The respondents associated fear of HIV testing with 64 (42.6%), unplanned pregnancy with 32 (21.3%) none privacy maintained with 27 (18%), the lengthy of operating hours with 16 (10%) and the attitudes of health providers with 11 (7.3%) percentage as shown in the table below.

**Table 4.9: Shows some factors cause delayed booking to ANC pregnant women**

| Variables (Factors) | Responses % |
|---|---|
| Fear of HIV testing | 64 (42.6) |
| Unplanned pregnancy | 32 (213%) |
| None privacy maintained | 27 (18%) |
| Office operating hours | 16 (10%) |
| Attitudes of health providers | 11 (21.3) |

Source: Field Data (2020)

On their side, health providers mentioned social norms and believes that have great influence for delayed booking. Social norms and believes scored 6 (4%) respectively while religious believes was 3 (2%). On the other hand, women financial dependency got the highest percentage with 7(4.6), women household expenditure was 5 (3.3) and limited resources to family property was 3(2%) of the total health providers' population. There are a number of studies done to establish factors relating to delayed antenatal attendance in the world. The related factors include place of residence, ethnicity, age, education, employment status, and parity.

Other factors include intention to get pregnant, use of contraceptive method, economic status, health insurance and travel time were associated. One of the study conducted by Patrick (2017) on factors associated with ANC delayed booking in Ndola Zambia.

### 4.4.4 Distance from respondents' home to PHC units

About the issue of distance; most of respondents 113 (75.3%) respondents reported that they were living within the distance of two to five kilometers. Other 37 (24.6%) respondents reported that they were living the distance of zero to one kilometer. More than half of the mothers had their households located within 1-5km to the

nearest clinic providing antenatal services, followed by, in decreasing frequencies, by those located less than 1km from antenatal clinic.

**Table 4.10: Distance from respondents' home to PHC units**

| Variable | Category | ANC Booking | |
|---|---|---|---|
| | | With no limit time | With no limit time |
| Distance to ANC unit | 0 to 1 km | 113 (75.3%) | 113 (75.3%) |
| | 2 to 5 km | 37 (24.6%) | 37 (24.6%) |

Source: Field Data (2020)

The researcher also asked health providers whether they sought distance factor caused delayed booking to ANC. The majority of respondents 12(80%) said that distance was not a factor of delayed booking in that area hence most of pregnant women lived within closed areas to PHC units. These results indicate that antenatal services are easily accessible to majority of pregnant mothers in the studied area as the government policy indicated.

This is contrary to the study findings of Bahati (2017) of her study on factors associated with antenatal clinic booking conducted in Mpwapwa Dodoma. Bahati concluded that the overall proportion of late booking was high and one of the reasons for late booking was long walking distance to ANC clinics posted far from pregnant mothers' home.

### 4.4.5 Means of transport to ANC visits

On means of transport; the majority of respondents 78 (52%) said that they were walking by foot to reach ANC clinic and the rest of respondents 72 (48%) mentioned other means of transport used to go to clinics as shown in the figure below.

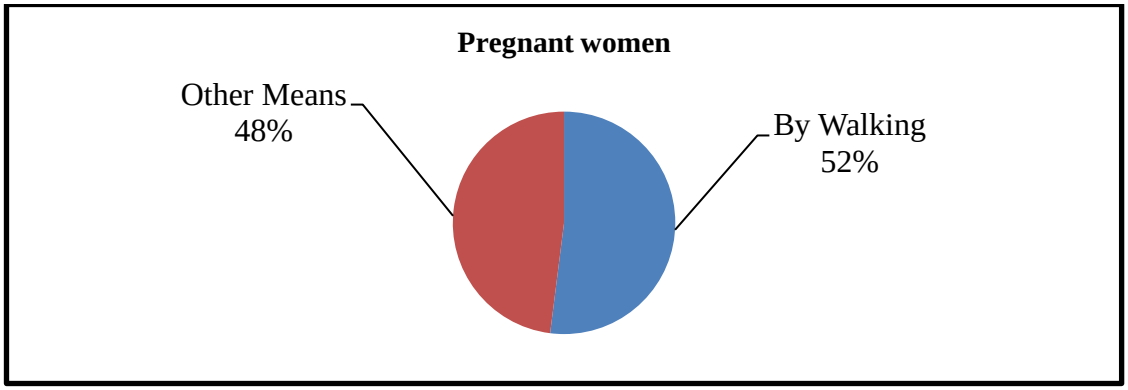


**Figure 4.2: Means of transportation**

Source: Field Data (2020)

One the conclusion, the majority of the respondents did not have high transport costs that can prevent them from attending antenatal care at less than 20 weeks of gestation. They attended at an advanced stage so that they might have few visits before giving birth.

This study has similar findings with the research conducted at Mulago hospital in Kampala Uganda by Kisuule, (2013) on timing and reasons for coming late for first antenatal care visit by pregnant women quoted the respondents agreed that they did not have money for transport to bring them to the hospital. Another study with similar findings was conducted by Mkhari (2016) on factors contributing to late antenatal care booking in Mpumalanga province in South Africa. The research reported that the majority of respondents were residing a walking distance from the health care facility. Mkhari concluded that the majority of the respondents did not have high transport costs that can prevent them from attending antenatal care and they attended at an advanced stage so that they might have few visits before giving birth.

### 4.4.6 The influence of institutional factors (Public policy) in ANC booking

All respondents reported that they were not paying for ANC and clinic services as shown in the table below.

**Table 4.11: Public policy factors (local policies) in ANC booking**

| Variables | Responses (%) | |
|---|---|---|
| | **Yes** | **No** |
| Payment for antenatal ANC Booking | 0 (0) | 150 (100) |
| Payment for clinic services | 0 (0) | 150 (100) |

Source: Field Data (2020)

When the researcher asked health providers whether they charged pregnant women for ANC services, they 15 (100%) said that the health government policy did not allow any charges for health services in government hospitals and health units. Studies found out that many countries have the policies that ensure free health services including ANC, however, a number of factors have been found to contribute to late initiation of ANC among pregnant women and these may vary between rural and urban areas.

### 4.4.7 Recommendations on Motivating Pregnant Women to Attend to ANC Timely

The researcher asked the respondents about their recommendations on what this should be done to motivate them to attend ANC clinic early. Most of respondents 61(40.6%), said that community mobilization should enough be done to motivate pregnant mother to attend ANC early. Another 43 (28.6%) said that ANC attendees should get adequate knowledge from health providers, those who mentioned

improving attitudes of health providers was rated at 21(14%). The rest of respondents 25 (16.6%) mentioned clinic operating hours, improvement of infrastructure and availability of information on IEC respectively.

**Table 4.12: Recommendations on motivating pregnant women to attend to ANC timely**

| Variables (Things should be done) | Respondents % |
|---|---|
| Community mobilization | 61 (40.6%) |
| Adequate knowledge from health providers | 43 (28.6%) |
| improving attitudes of health providers | 21(14%) |
| Clinic operating hours, improvement of infrastructure and availability of information | 25 (16%) |

Source: Field Data (2020)

## 4.5 Social Cultural Factors

### 4.5.1 The Influence of Social Cultural Factors in ANC booking

Most of respondents132 (88%) showed positive attitudes on early antenatal booking and they agreed that it was good for their pregnancy. Almost all respondents 140 (93.3%) reported that their religious believes were not the cause of delayed booking to ANC services. However, some respondents 10 (6.7%) agreed that some religious leaders are the cause of delayed booking to antenatal services.

Also majority 124 (82.6%) agreed that religious leaders are important in supporting their followers in booking early to ANC services. Most of them 85 (56.6%) said that some social cultural factors as values, attitudes, believe, and norms hinder them from booking early to ANC services. Moreover majority 142 (94.6%) of respondents said the social support from their husbands are important in booking early to ANC services, the table below illustrates the findings.

**Table 4.13: Respondents Concerns on Social Cultural Factors in ANC booking**

| Variables | Responses (Respondents %) | | |
|---|---|---|---|
| | Agreed the notion | Disagree the notion | Neutral to the notion |
| Positive attitudes towards ANC booking | 120(15%) | 17 (4.8) | 0 (0.0) |
| Religious believes as cause of delayed booking ANC services | 9 (2.6) | 43 (12.2) | 4(1.1) |
| Importance of Religious leaders in supporting their followers to early ANC | 8 (2.3) | 9 (2.6) | 1 (0.3) |
| Social cultural factors as causes of delayed booking | 7 (2.0) | 5 (1.4) | 2 (0.6) |
| Importance of Social support in early ANC booking | 15 (4.3) | 22 (6.3) | 15 (43) |

Source: Field Data (2020)

The researcher asked health providers on their views concerning social cultural and factors. They mentioned social norms and believes in high percentage of the total population. Social norms and believes scored 6 (40%) respectively while religious believes was 3 (20%) from total population. A study conducted in Malawi by Chiwaula (2011) also demonstrated that cultural beliefs negatively influence utilization on FANC. Chiwaula was needed to know which factors caused ANC delayed booking for pregnant women.

### 4.5.2 Practicing of Social Cultural Factors Before Booking to ANC

The researcher asked the respondents if they used to practice anything before, they booked ANC services. Majority 132 (88%) of respondents said that they did not practice anything related to cultural believes before reporting to ANC services. In the issue of support from their husbands most of them 76 (50.6%) said that they got support from their husbands in booking to ANC although they said they did not accompany them to go to clinics.

About 90 (58.8%) of respondents agreed that it was necessary to get permission from their husbands/partners before they started ANC, and majority 120 (80%) claimed that their husbands had no good knowledge on ANC services things that will make them not to participate fully in ANC utilization.

**Table 4.14: Social factors in ANC booking**

| Variables | Responses | |
|---|---|---|
| | YES | NO |
| Practicing anything related to cultural believes before going to report to ANC services | 18 (12) | 132(88%) |
| Getting supports from their husbands in booking to NC services | 76 (50.6%) | 74 (49.3%) |
| Necessity of Getting permission from their husbands | 90 (58.8) | 60 (40%) |
| Husbands knowledge about ANC services | 120 (80%) | 30 (20%) |

Source: Field Data (2020)

### 4.5.3 Social Cultural Issues That Could Influence Pregnant Women Not to Attend ANC services

This study has found out that socio-cultural belief systems, values, and practices also shape an individual's knowledge, perception of health and illness/disease, as well as healthcare seeking practices and behaviours. The majority of respondents 65 (43.3%) cited that the misconception about ANC services, other 63(42%) and least of respondents 22 (14.6%) mentioned cultural believes concerning pregnancy and values attached to attending ANC services respectively.

**Table 4.15: Social cultural issues could influence women not attending to ANC**

| **Variables** | **Respondents %** |
|---|---|
| Misconception about ANC service | 65 (43.3) |
| Cultural believes concerning pregnancy | 63 (42%) |
| Values attached to attending ANC services | 22 (14.6%) |

Source: Field Data (2020)

The similar study conducted by Akins (2015) on the effect of socio-cultural factors in ANC utilization. The study revealed that social cultural believes, belief systems, values, and practices also shape an individual's knowledge and perception of health and illness/disease, and health care seeking practices and behaviors. These shared norms guide self-care practices, and the use of traditional healers, both of which may support some healthy behaviours and contribute to unmet health needs that then led not to attend ANC.

## 4.6 Social Economic Factors

### 4.6.1 Household Expenditure in ANC Booking

The socio-economic status is found to influence the utilisation of reproductive health services in many studies. In this study the utilisation of antenatal services is found to have increase with socio-economic status and educational attainment. Income at household level has a significant influence on antenatal attendance. Most of respondents 142 (94.6) reported that the increase of house hold expenditure bears their timely attending to ANC services. This is shown by table below.

**Table 4.16: Concerns on social economic factor (Increase household expenditure)**

| Variables | Responses |
|---|---|
| • Respondents with marital engagement who agree that increase of household expenditure has an influence to ANC booking | 76 (50.6%) |
| • Respondents with un marital engagement who agree that increase of household expenditure has an influence to ANC booking | 62 (41.3%) |
| • Respondents with both marital and un marital engagements who do not agree that increase of household expenditure has an influence to ANC booking | 12 (8%) |

Source: Field Data (2020)

This is an agreement with the study of Yakouba (2018) on the impact of social and economic factors on ANC utilization, the study done in Ghana rural areas. The study of rural Ghanaian women posited that economic ability to access health is a major factor affecting healthcare seeking behaviours in general and reproductive health of women in particular. The study indicated that the majority of women have limited control over family property and household financial resources and limited access to credit from financial institutions.

### 4.6.2 Dependence on Husbands in ANC Booking

The researcher was interested to know whether the dependency on husband had an impact on pregnant women ANC utilization. The study reported that the majority of respondents 139 (92.2%) agreed the notion and only two percent 11 (7.3%) ignored the notion.

In some cases, women could not attend ANC early due to lack of fare and other necessary needs related to maternity. Men were perceived as main source of income and their main role was to support their partners financially. It is noted that women's financial dependence on their husbands affects their decision making because healthcare options must be supported by their husbands. Women lack the power to spend money on healthcare without their husbands' permission as shown in the figure below.

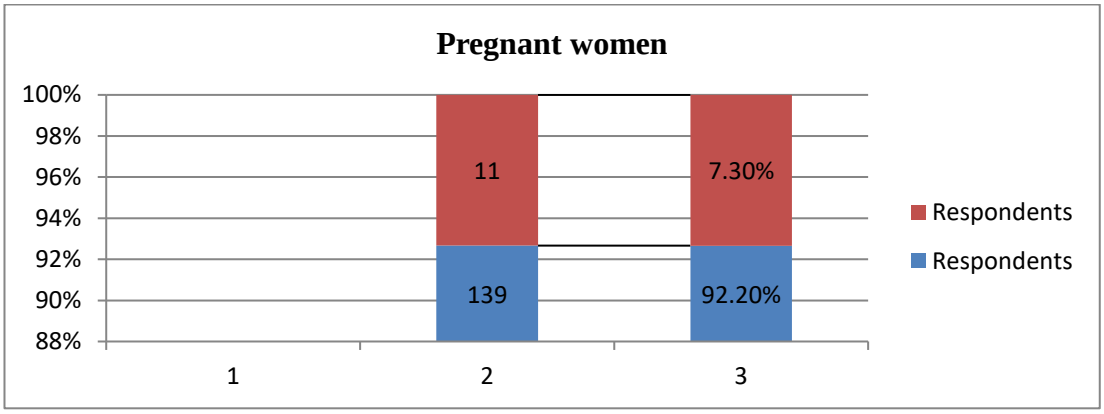


**Figure 4.3: Proportion of respondents' women dependency**

Source: Field Data (2020)

On their side health providers11(73.3%) reported that income at household level has a bearing on antenatal attendance. It is noted that women's financial dependence on their husbands affects their decision making because healthcare options must be supported by their husbands. This is similar with study of Jessica from Jamaica; on the causes of late ANC booking and the implications of the ignorance for pregnant mothers.

The study found out that an increased probability of early antenatal care attendance was associated with increased household expenditure. The study also realizes women lack the power to spend money on healthcare without their husbands' permission. It concluded that women financial dependence effects women decision.

## 4.7 Summary

This chapter focused on analysis, presentation, interpretation and discussion of results of this study. The chapter started by presenting profile of respondents and

their demographic information such as age, education, occupation and marital status. The chapter also revealed the findings of the proportional respondents on early and late booking in ANC services and knowledge of respondents on ANC services. The chapter also discussed the findings of institutional, sociocultural and socioeconomic factors that associated with delayed booking on ANC services. In institutional factors, variables such as quality of services provided and attitudes of health workers were analyzed. In social cultural factors, the chapter examined the social behaviour such as believes, attitudes, and perceptions. The chapter as well studied the variables based on socioeconomic contexts like household expenditure, and how women financially depend on husbands. In conclusion, the chapter also presented data from respondents who are health providers working in the studied area just to add value, the data based on their views and attitudes on the subject matter.

# CHAPTER FIVE

# SUMMARY OF FINDINGS CONCLUSION AND RECOMMENDATIONS

## 5.1 Overview

This chapter presents a summary, conclusion and recommendations drawn from the study. The purpose of this study was to asses factors associated with delayed booking of Antenatal Care services in West District of Zanzibar.

## 5.2 Summary of the Major Findings

### 5.2.1 General Responses

The researcher believes that the study fulfilled two objectives which were to establish factors contributing to delay booking to antenatal care and to develop strategies and recommendations that will assist and improve early antenatal care booking. The research showed that most of the respondents were between ages 20 to 35 years 78 (52%), this may be because this is the age at which most respondents were married. In educational level, the majority of respondents have attained primary level of education with 72 (48%). The results also showed that the majority of respondents were not employed, with marital status at 122 (81.3%) It may be concluded that most pregnant women were financially dependent on someone.

The research revealed that most of respondents 112 (72.6%) knew the best time to start ANC that is the first trimester. However, the 55% of the respondents started antenatal care late as compared to the instructions or rules in Maternal Care Guidelines. On the other hand, the majority of respondents (68%) said that the required number of ANC attendance for pregnant women are four times.

This high knowledge of knowing the best time to start ANC and required number of attending at ANC is due to the fact that most of respondents had formal education. On the other hand, of all the studied health providers attested that ignorance, long distance, decision by pregnant mother's spouse, transport to facility by women, insecurity, lack of accompany were some of the issues outlined as they obstruct the pregnant mothers from attending to ANC services properly.

### 5.2.2 Institutional Factors

The level of satisfaction with the quality of antenatal services was high among the respondents 87 (58%) were married women and 22 (59%). However, majority of respondents 88 (58.6%) mentioned attitudes of health providers to influence delayed booking to ANC services among pregnant women. On the other hand, most of respondents 113 (75.3%) respondents reported that they were living within the distance of two to five kilometers. These results indicate that antenatal services are easily accessible to majority of pregnant mothers in the studied area as the government policy indicated.

### 5.2.3 Social Cultural Factors

It is believed that most of them 85 (56.6%) said that some social cultural factors as values, attitudes, believe, and norms hinder them from booking early to ANC services. Almost all respondents 140 (93.3%) reported that their religious believes are not the cause of delayed booking to ANC services. In this study the majority of respondents 65 (43.3%) cited that the misconception about ANC, other 63(42%) and

least of respondents 22 (14.6%) mentioned cultural believes concerning pregnancy and values attached to attending ANC services respectively.

### 5.2.4 Social Economic Factors

Most of respondents 142 (94.6) reported that limited income bears their timely attending to ANC services. It is noted that women's financial dependence on their husbands affects their decision making because healthcare options must be supported by their husbands. Women lack the power to spend money on healthcare without their husbands' permission. In this study the majority of respondents 139 (92.2%) supported the notion and only two percent 11 (7.3%) ignored the notion.

### 5.2.5 The Proportional Remark of Health Providers

The researcher asked respondents on their views concerning institutional, social cultural and socioeconomic factors. The majority of respondents mentioned ignorance, insecurity and decisions of the pregnant mothers' spouses to be influencing delayed booking in ANC services. Among 15 respondents, nine mention distance as a cause equal to 6% of total (15) respondents. Respondents also mentioned social norms and believes in high percentage of the total population. Social norms and believes scored 6 (4%) respectively while religious believes was 3 (2%) from total population. On the other hand, women financial dependency got the highest percentage with 7(4.6), women household expenditure was 5 (3.3) and limited resources to family property was 3(2%) of the total respondents. The conclusion is that the institutional, social cultural, and socioeconomic are influencing the delayed booking of pregnant women in ANC services.

## 5.3 Limitations and Strength of the Research

i) Some of the respondents were not sure of their last normal menstrual period which made it difficult to determine whether it was late or early booking.

ii) The study was associated with recall bias where for example they were asked about gestational age in previous pregnancies which they could have forgotten and guessing anytime.

iii) Due to the specific context of the study, the results of this study cannot be generalized in the entire province or region but are generalized for the Bushbuckridge sub-district.

iv) The study population was recruited from a limited geographical area. Therefore the results cannot be generalized to other regions in Tanzania. However, these findings may represent other contexts with similar socio-economic characteristics.

v) The national exemption policy that guarantees free health services for pregnant women has been adhered since no woman reported any form of payment for ANC services throughout the study period. Moreover majority (59.1%) of the interviewed pregnant women were within the recommended age of child bearing (20 – 34 years).

## 5.4 Conclusion

The research studied the stand of institutional framework such policy, laws and regulations so as to find out how the issue of ANC attendance was considered. The findings disclosed that there were special guidelines from WHO as world health body that outlined recommendations for ANC utilizations. There were also the

guiding principles settled special for health providers to consider when they were caring out their duties. Also, not any form of payment reported for antenatal clinic booking and clinic card or services.

Almost all respondents had good knowledge of importance of seeking ANC services, best time to start ANC services, and the benefit of ANC services. However, the research revealed that the overall proportion of delayed booking was high and some of the reasons were low proportion of social support such as marital support. Likewise, majority of pregnant women depended on their partners in term of financial issues and permission to initiate ANC. The high proportion for delayed booking were caused by low socio-economic status, subordination of pregnant women on decision making concerning ANC booking, and dependence on partner for financial issues.

## 5.5 Researchers' Recommendations

The study findings unveiled a number of factors in the provision of antenatal care services leading to timely utilization. The following are therefore recommendations based on the findings.

### 5.5.1 Recommendations to the Government

i) The Ministry of Health should review and strengthen reproductive health programs and ensure that they are friendly and are need focused.

ii) The government should undergo continuous health education, highlighting on topic like when to start ANC, minimum number of visits expected to attend at

ANC and other components of ANC services through the media and community sensitization meetings.

iii) The government should empower women through education and income generating activities as well as involvement of husbands/partners during information, education and communication.

iv) Client satisfaction and staff satisfaction survey should be conducted on quarterly basis; results should be analyzed to identify areas for improvement.

v) Facilities should conduct self-assessment on National Core Standards and Ideal Clinic Realization so that they can be able to identify gaps, develop quality improvement plan and quality improvement plan progress report quarterly.

### 5.5.2 Recommendation to the Public

i) Clients visiting clinics for antenatal care should be a priority; they should not wait in the queue.

ii) Men's forums should be established in the communities to encourage partner involvement in ANC so that they can be able to support their pregnant wives and girlfriends.

iii) Religious leaders should partner with the government in preaching on the importance of ANC attending so as to make it look like a taboo if one does not attend.

iv) The community should be collectively sensitized and those that comply could be motivated with at least a post-natal baby kit or else.

v) Spouses should enhance mutual passionate relationships to ensure the pregnant mother has harmonized pregnancy period and healthy expectancy baby.

### 5.5.3 Suggested further Researches

The researcher recommends the further researches in the line of;

i) Research on how micro financing institutions can provide loans to women specially divorced who wants to start small and medium enterprises to promote women empowerment and financial independence.

ii) A quantitative study involving interviewing pregnant women in other local areas on the determinants of antenatal care services utilization to provide insight as to why some women delayed booking for antenatal care.

iii) A repeat study after three years using the same sample to determine any improvements in antenatal care booking.

iv) Researchers could explore ways in which the challenges faced by women in utilizing ANC can be addressed.

v) A study need to be conducted on why antenatal clients do not attend antenatal care in their catchment area but travel to other clinics.

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# APPENDICES

## APPENDIX ONE: Interview Guideline

### INTERVIEW GUIDE FOR PREGNANT WOMEN

### INTRODUCTION

I am Rahma Awadh Salmin, a student of Open University of Tanzania, studying Masters of Arts in Monitoring and Evaluation (MA M&E). Currently, I am conducting a research study titled "**Factors associated with delayed booking to antenatal care services (ANC) for pregnant women" I** am glad that you are part of it. Please you are requested to respond to these questions by writing appropriate information for the best of your knowledge. Feel free because all collected data will be confidential, and the information you are providing will be used for academic purpose and not otherwise.

1. What is your age?

……

1. What is your educational level?

   ……

2. What is your marital status?

   ……

3. What is the number of pregnancy?

   ……

4. What is your occupation?

   ……

5. When do you think it is the best time to start attending antenatal care services and required number of attendance?

   (a) Between 1-3 months……

   (b) Between 4-6 months……

   (b) (c) Between 7-9 months……

6. Why should antenatal care be sought?

   (a) To prevent complication…….

   (b) To get antenatal card to go to hospital for delivery……

(c) To confirm pregnancy……

(d) To monitor foetal growth…….

(e) Vitamin supplement……

7. What are the benefits of ANC services early in pregnancy?

(a) For early diagnosis of complications……

(b) To prevent from complications…….

(c) To get knowledge on care on pregnancy……..

8. What is the distance from your home to health facility?

(a) Km 1-3……

(b) Km 4-5……..

(c) Km 6-8 ( )……...

9. What means of transport do you use from your home to health facility?

(a) Walking……

(b) By taxi……

(c) By bus…….

(d) Own car……..

10. Did you have access of any antenatal information before you get pregnant? If yes, where?

(a) From member of family…….

(b) From mass media……..

(c) From campaigns……

11. What are some of the factors which made you present late for ANC services? You can mention more than one factor.

(a) Is it the distance to the clinic?.....

(b) Is it lack of money to go to clinic?.....

(c) Is it nurses' attitudes?.....

(d) Is it due to poor infrastructure?.....

(e) Is privacy in the clinic maintained?.....

(f) Is the waiting time too long?.....

(g) Do the clinic operating hours contribute?.....

(h) Is the fear of HIV testing?.....

(j) Was the pregnancy planned?.....

12. What services did you get at your antenatal visit with this pregnancy?
    (a) HIV counseling and testing……
    (b) Physical examination……..…….
    (c) Screening {urine, weight, BP, HB, RPR}……
    (d) Other specify……
13. What information did you get about this pregnancy?
    (a) Management of complication……
    (b) Monitaring of foetal kicks……
    (c) Infant feeding……
    (d) Birth planning…….
14. Do you pay anything concerning antennal services? Yes/No
    If yes. How much? ……
15. What community effluence could stop you from attending antenatal care? (Cultural)
    (a) Misconception about antenatal care……...
    (b) Cultural believes concerning pregnancy……
    (c) Values attached to attending ANC services……...
16. What can be done to motivate pregnant women to attend Antenatal care early?
    (a) Clinic operating 12 hours instead of 8 hours…….
    (b) Improvement of infrastructure……...
    (c) Improving of staff attitudes……
    (d) Community mobilizations……..
    (e) Health education to clinic attendees……...
    (f) Availability of Information Education Communication (IEC) materials……
17. What is influence of Social Cultural factors in ANC booking
    (a) Positive attitudes towards ANC booking……
    (b) Religious believes as cause of delayed booking ANC services……
    (c) Importance of Religious leaders in supporting their followers in early booking to ANC……
    (d) Social cultural factors as causes of delayed booking……
    (e) Importance of Social support in early booking……

18. Do you practice anything related to social cultural factors before booking to ANC?

    Yes……

    No……

19. Do you get any support from your husband in booking to ANC services?

    Yes……

    No……

20. Is it necessity to get permission from your husband in order to start ANC services?

    Yes…….

    No ( )……

21. Does your husband have enough knowledge about ANC services?

    Yes……

    No……

22. What are social cultural issues that could influence pregnant women not attending antenatal care services?

    (a) Misconception about ANC services…….

    (b) Cultural believes concerning pregnancy…….

    (c) Values attached to attending ANC services……

23. Is there any influence of social economic factors (Increase household expenditure) in ANC booking?

    Yes……

    No……

24. Is there any influence of social economic factors (Women dependence on husbands) in ANC booking?

    Yes……

    No…….....

**Thank for your participation**

## APPENDIX TWO

**QUESTIONNAIRE FOR HEALTH PROVIDERS**

**INTRODUCTION**

This questionnaire is designed to collect information about the late booking of ANC services. I would like to get your information by answering the question below to enable provision of possible recommendations to facilitate sensitization on the early booking of antenatal care services.

Please feel free everything that will be discussed here is going to strictly confidential.

**SECTION A: Respondent information**

**Personal Information**

1. Gender Male ( ) Female ( )
2. Age in years a) 25 - 35 ( ) b) 36 - 45 ( ) c) 46and above ( )
3. Working experience a) 0 – 5yrs ( ) b) 6 – 10yrs ( ) c) 11 and above( )
4. Your educational level
   a) Certificate ( ) b) Diploma ( ) c) Advanced diploma ( )
   d) Bachelor Degree ( ) e) Post Graduate Diploma ( ) f) Master Degree ( )
   e) PhD ( )
5. How many staff working in ANC clinic? (Tick appropriate)
   One ( ) Two ( ) Three ( ) Four ( ) Five ( More than 6 ( )
6. For how long have you been working as service provider? (Tick appropriate)
   < 1year ( ) 1-3 years ( )> 3 years ( )
7. Which training concerning the ANC service have you got? (Tick appropriate)
   FANC guidelines ( ) Early detection and treatment of complication ( ) Individual birth preparedness and complications readiness ( ) Health promotion and disease prevention ( ) reproductive and child health ( )
8. When have you got the last training? (Tick appropriate)
   < 1 month ( ) 1 -3 months ( ) 4-11 months ( ) 1 year ( )
9. Have you got refresher training? (Tick appropriate)

Yes ( ) No ( )

10. If yes which training and for how long ……
11. Which among the basic tests available during ANC visits? (Tick appropriate)
    HB ( ) HIV ( ) VDRL ( ) BP ( ) Weight ( ) Protinuria ( ) Blood grouping ( )
12. Is there any social cultural factors that influence ANC booking for pregnant women?
    If any mention…….....
    ……
    ……
13. Is there any benefit of early booking on ANC services? If yes list them……
    ……
    ……
14. Is there any access of information before women getting pregnant? If any mention……
    ……
    ……
15. What is the importance of seeking ANC services for pregnant women? Mention……
    ……
    ……
16. 16. Which factors do you think cause delayed booking to ANC services for pregnant women? State……
    ……
    ……
    ……
17. Dou think distance from respondents' home is the factor to delay ANC services? Yes/No

If yes why……
……
……
If No why……

……

……

……18. Which means of transport of pregnant women to attend ANC visit? Mention……

……

……

18. Is there any payment for pregnant women for ANC services? Yes/No…….
19. Which thing do you think should be done to motivate pregnant women to attend to ANC services? List them……

……

……

20. Do you think there is any practicing of social cultural factor before booking to ANC services? Yes/No

If yes Mention them……

……

……

……

21. Mention any social cultural issue that could influence pregnant women not to attend ANC services
    i) ……
    ii) ……
    iii) ……
22. Do you think the household expenditure has an influence to ANC booking? Yes/No

If yes explain……

……

……

If no explain……

……

……

23. 23. Do you think the dependence on husband has any influence to ANC booking?

Yes/No

If yes explain……

……

……

If no explain……

……

……

……

**Thanks for your cooperation**